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FEB 8 2002

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025315
 BLACK LOWE & GRAHAM
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 SEATTLE WA 98104

QM22/1105

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EL 476257444US

Michelle J. Funston

(Depositor's name)

[Signature]

(Signature)

February 5, 2002

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/300,856	04/28/99	010	ASTORINO, M	3736 11/05/01
First Named Applicant	BROWN,	35 USC 154(b) term ext. = 0 Days.		

TITLE OF INVENTION **NETWORKED SYSTEM FOR INTERACTIVE COMMUNICATION AND REMOTE MONITORING OF INDIVIDUALS**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 RYA-129/DIV	600-300.000		038 UTILITY	YES	\$648.00 \$1280.00	02/05/02

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Black Lowe & Graham, PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Health Hero Network, Inc.**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Mountain View, CA 94040**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Michael S. Smith*
 Michael S. Smith, Reg. No. 39,563

(Date)
 2/5/02

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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02/11/2002 HTECKLU2 00000082 09300856

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